

City of Boston Employee Certification of Self-Isolation or Self Quarantine

Isolation: separates people who are sick with a contagious disease from people who are not sick.

I self-isolated for COVID-19 for _____ days (from _____ to _____) at the direction of my healthcare provider or a public health official because:

Name of Healthcare Provider or Public Health Official: _____

Email and Phone Number of Health Care Provider or Public Health Officer:

Quarantine: separates and restricts the movement of people who are exposed to a contagious disease to see if they become sick.

I self-quarantined for COVID-19 for _____ days (from _____ to _____) at the direction of my healthcare provider or a public health official because:

Name of Healthcare Provider or Public Health Official: _____

Email and Phone Number of Health Care Provider or Public Health Officer:

You must submit the employee certification for self-isolation or self-quarantine absences within three working days of your return to work. **By signing this certification, you knowingly and voluntarily agree to allow the City to confirm the information in this Certification at any time and agree to take whatever steps are necessary for the City to do so.**

Employee Signature

____ Approved

____ Rejected

HR Manager